



# Real-time monitoring of drugs of dependence

## *Position statement*

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This document outlines the position of the Pharmaceutical Society of Australia (PSA) on an electronic real-time system to monitor the prescribing and dispensing of drugs of dependence.

### About PSA

PSA is the peak national professional pharmacy organisation representing Australia's approximately 30,000 pharmacists' working in all sectors and locations.

PSA's core functions include:

- providing high quality continuing professional development, education and practice support to pharmacists
- developing and advocating standards and guidelines to inform and enhance pharmacists' practice
- representing pharmacists' role as frontline health professionals.

PSA is also a registered training organisation and offers qualifications including certificate and diploma-level courses tailored for pharmacists, pharmacy assistants and interns.

### PSA's call to action

- The Australian, and state and territory governments must prioritise the implementation of a nationally connected real-time monitoring system for all drugs of dependence to promote medication safety and appropriate use, and reduce associated harm.
- All governments must recognise there are additional costs to pharmacists and prescribers to implement a real-time monitoring system.
- All governments must make appropriate investment for the education and training of pharmacists and prescribers to enable seamless integration and effective operation of a real-time monitoring system in practice.
- State and territory governments must provide adequate initial and ongoing investment in treatment pathways for patients identified, through the use of a real-time monitoring system, with substance use disorders and associated health conditions.

### Summary of PSA's Position

PSA calls for the immediate implementation of a national recording and reporting system which will enable real-time monitoring to address the increase in harm resulting from inappropriate use of certain prescription and over-the-counter medicines.

To facilitate an effective monitoring system which maximises benefits to patients and is in the best interest of the Australian community, PSA believes a real-time monitoring system should be compulsory and include all drugs of dependence, not just substances included in Schedule 8 of the Poisons Standard (i.e. Controlled Drugs). The system will need to have flexibility to allow the inclusion of other medicines as future trends in abuse and misuse emerge.

PSA strongly advocates for a national system which overcomes interoperability issues across states and territories. Reliable and stable connectivity for prescribers and pharmacists are fundamental to the delivery of quality patient outcomes. In addition,



When single drug types were analysed,<sup>4</sup> benzodiazepines were most prominently identified with 663 (36.7%) accidental and intentional drug-induced deaths. Other medicines reported<sup>4</sup> included prescription analgesics such as oxycodone, morphine and codeine, present in over 30% of drug-induced deaths. Between 2007 and 2016, deaths from fentanyl, tramadol, and pethidine increased from 19 to 234, and from quetiapine, olanzapine, risperidone and unspecified antipsychotics rose from 51 to 220. All of these medicines are prone to or associated with tolerance, addiction, polypharmacy misuse or central nervous system depression.

### Electronic Recording and Reporting of Controlled Drugs

For many years, calls for a real-time monitoring system for prescription medicines have been made, not only by pharmacists, but by coroners, medical practitioners and consumers.<sup>5-11</sup> Such a system will facilitate timely and safer clinical decision making at the point of prescribing and dispensing high-risk medicines, assist in better coordination of care, and promote optimal patient outcomes through quality use of medicines.

The need for a comprehensive, coordinated medication management system as an online, real-time tool for prescribers, pharmacists and regulators was a priority area for action under the National Pharmaceutical Drug Misuse Framework for Action.<sup>12</sup> It was proposed that the implementation of a nationally based and jurisdictionally consistent Electronic Recording and Reporting of Controlled Drugs (ERRCD) system be progressed. It also recommended that national education about the ERRCD system for health and welfare professionals and the broader community should be coordinated.

The Australian Government developed the ERRCD system under a licensing arrangement based on the Tasmanian DORA system (see Box 1). This system has the ability to integrate with both prescribing and dispensing software thus allowing prescribers and pharmacists to access real-time data relating to the patient, drug dispensed and any previous dispensing history.<sup>13</sup>

Software development for the ERRCD system was made possible with funding under the Fifth Community Pharmacy Agreement, but further investment in resources by each state and territory was required to implement the system in each jurisdiction.<sup>14</sup>

mechanisms for data sharing across jurisdictions will be important to facilitate timely professional decision making as well as informing future health policy.

A real-time monitoring system must be effectively integrated with medicine prescribing and dispensing systems and be functional for genuine real-time use. It should operate in a way that supports clinical decision making by prescribers and pharmacists to facilitate safe and optimal use of medicines with the potential for addiction without posing a barrier to legitimate therapeutic need.

The implementation of a national real-time monitoring system must be accompanied by a robust implementation plan which includes appropriate workforce training. Establishing appropriate referral pathways for pharmacists will also be important so that patients with specific health concerns can be supported in a timely manner.

PSA believes that nationally uniform regulatory controls for drugs and poisons will enhance the efficiency and operation of real-time monitoring and strongly encourages states and territories to consider the adoption of such arrangements as far as practicable.

## Background

### Use of pharmaceuticals and prevalence of harm

The incidence of harm resulting from the inappropriate use of prescription medicines has increased significantly in Australia, mirroring global trends. The rise in opioid use can be attributed, in part, to appropriate use such as the increased needs for the treatment of cancer and non-cancer pain. However, unintentional and intentional misuse has substantially added to medical and pharmaceutical expenditure through increased consumption of opioids as well as costs associated with the resulting harm such as addiction, overdose or death.<sup>2-4</sup>

In 2016, the majority of drug-induced deaths (71.3%) was due to acute accidental overdoses.<sup>4</sup> The most common class of drug identified in drug-induced deaths is opioids (which includes licit and illicit substances) and this trend has been sustained for the last 20 years.

The implementation of a national system has not occurred but each jurisdiction appears to be progressing different initiatives based on local policies.

In July 2017, the Australian Government committed \$16 million for the implementation of a national system.<sup>15</sup> Further, we note that Ministers at the April 2018 Council of Australian Government Health Council meeting agreed “to progress national real time prescription monitoring as a federated model with jurisdictions committed to progressing development and adaptation of systems to connect to and interface with Commonwealth systems to achieve a national solution”<sup>16</sup>

## Existing monitoring systems

Internationally, various prescription monitoring programs have been introduced. For example, in New Zealand, a system has been implemented which allows prescribing, dispensing and administration of medicines to be recorded electronically to provide real-time decision support.<sup>21</sup> In British Columbia, it was reported that six months after the introduction of PharmNet (a compulsory, real-time reporting system linking all pharmacies, hospitals and prescribers), there was a 32.8% reduction in inappropriately filled prescriptions for opioids.<sup>22</sup>

In Australia, several initiatives have been implemented to promote better use of medicines, in particular, those which pose concerns around patient safety and public health. Examples include the Prescription Shopping Programme<sup>23</sup> (operated by the Australian Government Department of Human Services) and DrShop<sup>24</sup> (an optional real-time prescription monitoring tool for prescribers provided by the electronic prescription exchange service provider, MediSecure). However, PSA is concerned that many of these initiatives have limitations (e.g. does not have connectivity nationally and/or does not integrate with both prescribing and dispensing systems) and have not been implemented in a truly coordinated and integrated manner.

The implementation of a real-time prescription monitoring system within states and territories has occurred (see Box 1) or is being progressed according to local policy and schedule.

### Box 1: Examples of state-based real-time prescription monitoring systems implemented

#### Tasmania – Drugs and Poisons Information System Online Remote Access (DORA)<sup>17,18</sup>

DORA, first developed in 2008, has been progressively rolled out across general practices and pharmacies since 2012. This is a web-based system with a secure interface for medical practitioners and pharmacists and was introduced to allow mandatory reporting of Schedule 8 medicines.

The functionality of the system and requirements have evolved with mandatory real-time reporting now enabled. Reportable medicines have also been extended to include all Schedule 4 opioid analgesics and quetiapine, allowing medical practitioners and pharmacists to have access to a more complete medication history which is in the best interests of patients.

#### Victoria – SafeScript<sup>19,20</sup>

SafeScript has recently been introduced as a clinical decision support system for doctors and pharmacists who can access real-time information on the supply history of certain high risk medicines at the point of patient consultation.

Medicines currently being monitored are: all Schedule 8 medicines (e.g. oxycodone, morphine, alprazolam, methylphenidate and dexamphetamine) and some Schedule 4 medicines (e.g. all benzodiazepines, ‘Z-drugs’ such as zolpidem and zopiclone, quetiapine and codeine).

There is a substantial suite of education and training resources on SafeScript for health professionals.

## A national real-time monitoring system

Although PSA supports the independent work of states and territories in operationalising a real-time monitoring system, we believe this will continue to pose significant risks around interoperability. PSA’s firm preference is for a nationally consistent system to be established as this will result in uniform responses around medication safety issues, continuity in patient care, and consistency in the patient’s health care experience. A real-time monitoring system needs to focus on promoting quality use of medicines rather than aspects of compliance and enforcement. Importantly, mechanisms must be in place for pharmacists to facilitate identification, early intervention and referral of patients who may require access to addiction care.

To implement a national monitoring tool, PSA believes that the system should be:

- a compulsory system, the use of which is mandated through legislation to ensure the implementation of a consistent and comprehensive response.
- a national system – ideally this means one single connected system to overcome interoperability issues.

- functional for genuine real-time use, so that a prescriber or pharmacist concerned about a particular patient can access accurate, up-to-date data with confidence no matter their geographical location of practice.
- effectively integrated with prescribing and dispensing systems to ensure seamless use by prescribers and pharmacists. As a clinical decision making tool, it is important that it facilitates safe and optimal use of medicines with the potential for addiction in a timely manner. It must not become a barrier to the legitimate use, for example, of analgesics by patients with severe disabling pain or those receiving palliative care.
- used for all drugs with the potential for addiction – not just Schedule 8 medicines. Flexibility in arrangements will be essential so that the list of inclusions can be reviewed and, if necessary, amended based on emerging trends or evidence of misuse. PSA welcomes the directions taken by jurisdictions such as Tasmania and Victoria to include mandatory reporting of Schedule 4 medicines which are known to contribute to significant misuse and harm.
- focussed on managing and supporting patient safety and quality use of medicines rather than being a policing tool for compliance and enforcement.

- accompanied by appropriate workforce training to prepare and provide ongoing support to health professionals. This must include the identification of referral pathways for pharmacists and access to appropriate services for patients identified with suspected substance use disorder.
- underpinned by a robust implementation plan which includes appropriate data capture, inclusion of health-related targets and evaluation methodology.
- supported by the adoption of nationally uniform regulatory controls for drugs and poisons. Whilst PSA recognises the sovereignties of states and territories, we strongly believe that national consistency in the regulation of medicines will significantly enhance the efficiency and operation of a real-time monitoring system and will also promote patient understanding and quality use of medicines.

## Conclusion

PSA urges the Australian and state and territory governments to implement a national real-time monitoring system as a priority. Effective monitoring of prescribing, dispensing and supply of particular substances and medicines will enhance the ability of prescribers and pharmacists to provide safer and more effective medication management while reducing harm from intentional and unintentional misuse of high risk medicines. PSA believes the continuing rise in harm associated with medicines other than those classified as Schedule 8 warrants the inclusion of all drugs of dependence in a national monitoring system

## References

1. Pharmacy Board of Australia. Registrant data. 30 Jun 2018. At: [www.pharmacyboard.gov.au/About/Statistics.aspx](http://www.pharmacyboard.gov.au/About/Statistics.aspx)
2. Roxburgh A, Dobbins T, Degenhardt L, et al. Opioid-, amphetamine-, and cocaine-induced deaths in Australia: August 2018. Sydney: National Drug and Alcohol Research Centre, University of New South Wales; 2018.
3. Blanch B, Pearson S-A, Haber PS. An overview of the patterns of prescription opioid use, costs and related harms in Australia. *Br J Clin Pharmacol* 2014; 78(5):1159–66. At: <https://bpspubs.onlinelibrary.wiley.com/doi/epdf/10.1111/bcp.12446>
4. Australian Bureau of Statistics. Drug induced deaths in Australia: a changing story. In: 3303.0 Causes of death, Australia, 2016. 16 May 2018. At: [www.abs.gov.au/ausstats/abs@nsf/Lookup/by%20Subject/3303.0~2016~Main%20Features~Drug%20Induced%20Deaths%20in%20Australia~6](http://www.abs.gov.au/ausstats/abs@nsf/Lookup/by%20Subject/3303.0~2016~Main%20Features~Drug%20Induced%20Deaths%20in%20Australia~6)
5. McDonald K. Renewed calls for real-time prescription drug monitoring system. *Pulse+IT* magazine. 9 Apr 2014. At: [www.pulseitmagazine.com.au/index.php?option=com\\_content&view=article&id=1828:renewed-calls-for-real-time-prescription-drug-monitoring-system&catid=16:australian-ehealth&Itemid=328](http://www.pulseitmagazine.com.au/index.php?option=com_content&view=article&id=1828:renewed-calls-for-real-time-prescription-drug-monitoring-system&catid=16:australian-ehealth&Itemid=328)
6. Coroners Court of Victoria. Finding into death with inquest. 15 May 2014. At: [www.coronerscourt.vic.gov.au/resources/64bb3f4c-b6f1-44c6-aaa7-7211897e5e29/georgiasusancheal\\_460306.pdf](http://www.coronerscourt.vic.gov.au/resources/64bb3f4c-b6f1-44c6-aaa7-7211897e5e29/georgiasusancheal_460306.pdf)
7. State Coroner's Court of New South Wales. Inquest into the deaths of Christopher Salib, Nathan Attard and Shamsad Akhtar. 27 Jun 2014. At: <http://www.coroners.justice.nsw.gov.au/Documents/doctor%20shopping%20amended%20finding.pdf>
8. Coroners Court of Victoria. Submission to the Inquiry into Drug Law Reform. 16 Mar 2017. At: [https://www.parliament.vic.gov.au/images/stories/committees/Irrcc/Drugs/\\_Submissions/178\\_2017.03.17\\_-\\_Coroners\\_Court\\_VIC\\_-\\_submission.pdf](https://www.parliament.vic.gov.au/images/stories/committees/Irrcc/Drugs/_Submissions/178_2017.03.17_-_Coroners_Court_VIC_-_submission.pdf)
9. Burdon D. Canberra mother questions delays to prescription monitoring laws. *The Canberra Times*, 12 Apr 2018. At: <https://www.canberratimes.com.au/politics/act/canberra-mother-questions-delays-to-prescription-monitoring-laws-20180412-p4z99f.html>
10. Coroner's Court of Queensland. Findings of inquest into the death of William John House, Vanessa Joan White, Jodie Anne Smith and Daniel Keith Milne. 21 May 2018. At: [https://www.courts.qld.gov.au/\\_\\_data/assets/pdf\\_file/0010/566920/cif-house-white-smith-milne-20180521.pdf](https://www.courts.qld.gov.au/__data/assets/pdf_file/0010/566920/cif-house-white-smith-milne-20180521.pdf)
11. Smith A. Frustrating and depressing: coroner says NSW could reduce overdoses. *The Sydney Morning Herald*, 19 Aug 2018. At: <https://www.smh.com.au/politics/nsw/frustrating-and-depressing-coroner-says-nsw-could-reduce-overdoses-20180818-p4zy8g.html>
12. National Pharmaceutical Drug Misuse Framework for Action (2012–2015). At: [http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/9C52D7D6E2C14A72CA257C3F001F009D/\\$File/National%20PDM%20Framework.pdf](http://www.nationaldrugstrategy.gov.au/internet/drugstrategy/Publishing.nsf/content/9C52D7D6E2C14A72CA257C3F001F009D/$File/National%20PDM%20Framework.pdf)
13. Australian Government Department of Health and Ageing. Electronic Recording and Reporting of Controlled Drugs. 12 Apr 2012. At: [www.health.gov.au/internet/main/publishing.nsf/Content/7A1C6A6DE5D4E45ECA257BF0001959F3/\\$File/UPDATED%20ERRCD%20CPA%20FACT%20SHEET%20-%20FINAL%20-%2014%20June%202012.doc.pdf](http://www.health.gov.au/internet/main/publishing.nsf/Content/7A1C6A6DE5D4E45ECA257BF0001959F3/$File/UPDATED%20ERRCD%20CPA%20FACT%20SHEET%20-%20FINAL%20-%2014%20June%202012.doc.pdf)
14. The Pharmacy Guild of Australia. Electronic recording and reporting of Controlled Drugs (ERRCD). May 2017. At: [https://www.guild.org.au/\\_\\_data/assets/pdf\\_file/0018/30582/ERRCD-Fact-sheet\\_review-May-2017.pdf](https://www.guild.org.au/__data/assets/pdf_file/0018/30582/ERRCD-Fact-sheet_review-May-2017.pdf)
15. Hunt G. National approach to prescription drug misuse [media release]. 28 Jul 2017. At: <https://www.greghunt.com.au/national-approach-to-prescription-drug-misuse/>
16. COAG Health Council. Communiqué. 13 Apr 2018. At: [https://www.coaghealthcouncil.gov.au/Portals/0/CHC%20Communiqué%20130418\\_corrected\\_1.pdf](https://www.coaghealthcouncil.gov.au/Portals/0/CHC%20Communiqué%20130418_corrected_1.pdf)
17. Tasmanian Government Department of Health and Human Services. DORA – Drugs and Poisons Information System Online Remote Access. Feb 2018. At: <https://www.dhhs.tas.gov.au/psbtas/publications/general/dora>
18. Tasmanian Government Department of Health and Human Services. Newsletter 53: Codeine scheduling changes. Jan 2018. At: [https://www.dhhs.tas.gov.au/psbtas/publications/document\\_list/newsletter\\_53\\_codeine\\_scheduling\\_changes](https://www.dhhs.tas.gov.au/psbtas/publications/document_list/newsletter_53_codeine_scheduling_changes)
19. State Government of Victoria Department of Health and Human Services. SafeScript. 2018. At: <https://www2.health.vic.gov.au/public-health/drugs-and-poisons/safescript>
20. Victorian Primary Health Network Alliance. SafeScript. 2018. At: <https://vphna.org.au/safescript-hub/>
21. New Zealand Ministry of Health. ePrescribing and administration. 23 Aug 2017. At: <https://www.health.govt.nz/our-work/ehealth/other-ehealth-initiatives/emedines/eprescribing-and-administration>
22. Dormuth CR, Miller TA, Huang A, et al. Effect of a centralized prescription network on inappropriate prescriptions for opioid analgesics and benzodiazepines. *CMAJ* 2012; 184(16):E852–6.
23. Australian Government Department of Human Services. Prescription Shopping Programme. At: <https://www.humanservices.gov.au/organisations/health-professionals/services/medicare/prescription-shopping-programme>
24. DrShop Frequently asked questions. 2015. At: [www.drshop.com.au/faqs/](http://www.drshop.com.au/faqs/)

## PHARMACEUTICAL SOCIETY OF AUSTRALIA

Level 1, 17 Denison Street Deakin ACT 2600  
 PO Box 42 Deakin West ACT 2600  
**P: 1300 369 772**  
**F: 1300 369 771**  
**E: [psa.nat@psa.org.au](mailto:psa.nat@psa.org.au)**  
**www.psa.org.au**